

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

**BOX RCE**

Commissioner of Patents  
Washington, D.C. 20231

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,  
provides for continued examination of an utility or  
plant application filed on or after June 8, 1995



#12 RCE  
DET PMS  
10 29.02

|                      |                        |
|----------------------|------------------------|
| Application Number   | 09/892,845             |
| Confirmation Number  | 2909                   |
| Filing Date          | June 28, 2001          |
| First Named Inventor | Naoya HASHIMOTO        |
| Group Art Unit       | 2834                   |
| Examiner Name        | Perez, G.              |
| Matter Number        | Q65157                 |
| Title                | ELECTROMAGNETIC DEVICE |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114**

a.  Previously submitted

- Please enter and consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- Other \_\_\_\_\_

b.  Enclosed

- Amendment/Reply
- Affidavit(s)/Declaration(s)
- Information Disclosure Statements (IDS)
- Petition for Extension of Time
- Other \_\_\_\_\_

**2. MISCELLANEOUS**

a.  Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months

b.  Other \_\_\_\_\_

**3. FEES**

A check for the RCE statutory fee of \$740.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this transmittal letter is attached.

**SIGNATURE OF ATTORNEY**

Name John J. Dresch Registration No. 46,672  
Signature John J. Dresch Date October 24, 2002

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/892,845

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                  |                          |
|----------------------------------|------------------|--------------------------|
| TOTAL CLAIMS                     |                  |                          |
| FOR                              | NUMBER FILED     | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 6 minus 20 = * — |                          |
| INDEPENDENT CLAIMS               | 3 minus 3 = *    |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |                  | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
SMALL ENTITY  
OR

|           |        |
|-----------|--------|
| RATE      | FEES   |
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     | 740    |

|           |        |
|-----------|--------|
| RATE      | FEES   |
| BASIC FEE | 740.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| TOTAL     | 740    |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      |                   |
|---|---|-------|---|------------------|------|-------------------|
|   |   |       |   |                  | RATE | ADDITIONAL<br>FEE |
| Total   | * 6                                       | Minus | ** 20                                       | = —              |      |                   |
| Independent   | * 3                                       | Minus | *** 3                                       | = ✓              |      |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |      |                   |

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY  
OR

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   |
| X42=                       |                   |
| +140=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$18=                     |                   |
| X84=                       |                   |
| +280=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

(Column 1) (Column 2) (Column 3)

| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      |                   |
|---|---|-------|---|------------------|------|-------------------|
|   |   |       |   |                  | RATE | ADDITIONAL<br>FEE |
| Total   | *   | Minus | **  | =                |      |                   |
| Independent   | *   | Minus | ***   | =                |      |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |      |                   |

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   |
| X42=                       |                   |
| +140=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$18=                     |                   |
| X84=                       |                   |
| +280=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

(Column 1) (Column 2) (Column 3)

| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      |                   |
|---|---|-------|---|------------------|------|-------------------|
|   |   |       |   |                  | RATE | ADDITIONAL<br>FEE |
| Total   | *   | Minus | **  | =                |      |                   |
| Independent   | *   | Minus | ***   | =                |      |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |      |                   |

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   |
| X42=                       |                   |
| +140=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

|                            |                   |
|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE |
| X\$18=                     |                   |
| X84=                       |                   |
| +280=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.